



Verified/Entered in JLIST: by: _____ date _____  Student Information to User Office: _____
--

## Visit Information

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
To:

\_\_\_\_\_  
Dates of Visit

Home Institution: \_\_\_\_\_  
\_\_\_\_\_

Below, please indicate your <b>local</b> U.S. address while at JLab.			
_____ Street address	_____ City	_____ State	_____ Zip code
Current Jefferson Lab Office #: _____ Phone #: _____			
Below, please indicate your current <b>permanent</b> address.			
_____ Street address	_____ City	_____ State/Country	_____ Zip code
Phone #: _____			

Current education degree level:				
Associates	Bachelor	Master	Ph.D.	no degree
Subject Area of Degree: _____				
Year Degree Rec'd: _____				
Degree Institution: _____				

Do you currently have a medical insurance policy that covers your medical needs while in the U.S. onsite at Jefferson Lab?      Yes      No  
(please check yes or no)

If so, what is the name of the policy? \_\_\_\_\_

Below, please state the reason for your visit.

---

Which hall will you be working in for this visit? \_\_\_\_\_

What research or experiments will you be conducting for this visit?

---

Who is your JLAB sponsor for this visit? \_\_\_\_\_

Are you a Researcher, Student or Post Doc \_\_\_\_\_

*Students please update the following information:*

Institution: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree expected: \_\_\_\_\_ JLAB Advisor: \_\_\_\_\_

Do you have a new I-94 card since your last JLab visit:                      Yes                      No

Do you have any new or updated visa documents or passport since your last JLab visit:

Yes                      No

Have you left the U.S. since your last JLab visit:                      Yes                      No